



Full Application for Housing Assistance City of Chandler

To be completed by the applicant/resident in their own handwriting. The information you give on the form regarding household composition, income, family assets and deduction must be accurate and complete. Complete all sections. Failure to complete this form accurately and completely will result in you being removed from the waiting list.

HEAD OF HOUSEHOLD INFORMATION			
NAME	FIRST	LAST	MIDDLE/MAIDEN NAME
MAILING ADDRESS	Street	Apt/Unit #	City/State/Zip
PHYSICAL ADDRESS	Street	Apt/Unit #	City/State/Zip
CONTACT INFORMATION	HOME PHONE	CELL PHONE	WORK PHONE HEAD OF HOUSEHOLD'S EMAIL

Check all that apply for the head of household:

☐ Male
 ☐ Female
 ☐ Single
 ☐ Married
 ☐ Divorced
 ☐ Separated
 ☐ Widow

If you are married and your spouse is not living with you, you must provide the following information:

SPOUSE/FORMER SPOUSE NAME	ADDRESS
---------------------------	---------

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever used a social security number other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

GENERAL INFORMATION	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past , have you ever lived in subsidized housing or received rental assistance? If yes, name and address of the Agency that provided or is providing assistance:	
Dates assistance began and ended: _____ Who was the Head of Household? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving rental assistance? If yes, name and address of Agency providing assistance:	
Dates assistance began: _____ Who is the Head of Household? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: _____ Name and address of Agency owed money: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Have you or any member of the household been arrested during the past five years for criminal and or drug related activity? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Is any household member subject to a lifetime registration requirement under a state sex offender registration program? If yes, who? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Has any household member ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing? If yes, who? _____	

GENERAL INFORMATION Continued		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you or any member of the household believe he/she needs a reasonable accommodation to participate in any program for the City of Chandler Housing and Redevelopment Division? The City of Chandler Housing and Redevelopment Division is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity. If you check yes, <u>please request and complete a "Reasonable Accommodation" form or speak to a housing representative.</u>

FAMILY COMPOSITION								
Begin with yourself. List all persons who will be living in the unit and the relationship of each person to the Head of Household. Include live-in aides. (MUST complete entirely incl. birthdates, social security # & etc.)								
FULL NAME	RELATION TO HEAD OF HOUSEHOLD (HOH)	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH (DOB)	RACE	ETHNICITY	OFFICE USE ONLY
1. <input type="checkbox"/> Disabled	Head of Household						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
2. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
3. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
4. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
5. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
6. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
7. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
8. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID

Use another sheet of paper to list additional children

FULL TIME STUDENTS				
<input type="checkbox"/> No one in the household is a full-time student. List all full time students, including children, who will be living in the household when you receive rental assistance.				
FULL NAME	SCHOOL NAME	SCHOOL ADDRESS	SCHOOL PHONE #	GRADE / COURSE OF STUDY
1.				
2.				
3.				
4.				

Use another sheet of paper to list additional students

INCOME INFORMATION						<input type="checkbox"/> No one in the household is full or part time employed.
EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (Including: Self-employment, Babysitting or Military Reserves, etc.)						
FAMILY MEMBER	EMPLOYER NAME & ADDRESS	EMPLOYER'S PHONE NUMBER	START DATE	RATE/HOUR	HOURS/WEEK	OFFICE USE ONLY
				\$		
				\$		
				\$		

Use another sheet of paper to list additional employment.

OTHER INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.						
ITEM	YES	NO	SOURCE NAME AND ADDRESS		MONTHLY AMOUNT	OFFICE USE ONLY
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>			\$	
TANF/Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			\$	
SSI	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Pension	<input type="checkbox"/>	<input type="checkbox"/>	Type of Pension:		\$	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Babysitting	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Alimony/ Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Educational Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Work Study	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Financial support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Caretaking	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Armed Forces/Reserves	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Other:	<input type="checkbox"/>	<input type="checkbox"/>			\$	

ASSET INFORMATION						<input type="checkbox"/> No one in the household has assets.
List all Bank Accounts, Retirement Plan Accounts: including 401, 403,457, IRA or Keogh Plans, Deferred Compensation Plans, Stocks, Bonds, Securities, CD's, Credit Union Shares, Savings Bonds, or any possessions kept for investment purposes, etc.						
FAMILY MEMBER	NAME & ADDRESS (BANK, BROKER, ETC.)	TYPE OF ACCOUNT	ACCOUNT NUMBER'S LAST FOUR DIGITS	BALANCE/ VALUE	ANTICIPATED INTEREST	OFFICE USE ONLY
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Other		\$	\$	
		<input type="checkbox"/> Other		\$	\$	

REAL ESTATE					<input type="checkbox"/> No one in the household owns any real estate.
Provide information for any real estate (land and/or building) which any household member currently owns.					
FAMILY MEMBER	COMPLETE ADDRESS OF REAL ESTATE	APPRAISED VALUE	MORTGAGE BALANCE	MORTGAGE HOLDER	
Name and Address of Mortgage Holder:					

DIVESTITURE OF ASSETS			
During the past two years, has any member of the household disposed of, transferred or otherwise given away any assets? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Were they given away for less than they were worth? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If you answered Yes, to either question please complete the following:			
DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	
*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.			

EXPENSE INFORMATION					<input type="checkbox"/> No one in the household has child care expenses.
CHILD CARE EXPENSES: List only those expenses for children age 12 and younger, which enable you or another household member to work or attend school. List only those expenses that you pay out of pocket.					
CHILD CARE PROVIDER INFORMATION				PER WEEK	OFFICE USE ONLY
Name	Address	City/State/Zip	Phone #	\$	
Name	Address	City/State/Zip	Phone #	\$	
Reason for childcare expense:					

MEDICAL EXPENSES☐ **Not Applicable—Ineligible or no expenses.**

Complete this section if the **head of household** or **spouse** is **62 years of age or older, disabled or handicapped**. List only expenses you pay out of pocket. Check "Yes" or "No" for each item. The most current IRS Publication 502, *Medical and Dental Expenses*, will be used to determine the costs that qualify as medical expenses. The items below are a few examples of allowable medical expenses from IRS Publication 502.

ITEM	YES	NO	NAME AND ADDRESS OF WHOM YOU PAY	AMOUNT	OFFICE USE ONLY
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Prescription Medicines and Insulin (<u>not</u> nonprescription medicines)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Doctors	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentists	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Necessary surgery and medical procedures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Services of medical facilities hospitalization, long-term care, and in-home nursing services	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Handicapped/ attendant care expenses which enable a family member (including the handicapped family member) to work.	<input type="checkbox"/>	<input type="checkbox"/>	Name and Complete Address of Care Giver	\$	
Auxiliary apparatus that would enable the handicapped person to work such as wheelchairs, walkers, scooters, ramps or special equipment for the blind, equipment added to cars and vans to permit their use by the family member with a disability, or service animals.	<input type="checkbox"/>	<input type="checkbox"/>	Apparatus, Name And Address Where Purchased	\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	

APPLICANTS OF PUBLIC HOUSING PROGRAM ONLY - Landlord References

List at least three (3) of your most recent landlords in the past five (5) years and provide their complete mailing address.

LANDLORD'S NAME	ADDRESS OF RENTAL UNIT	LANDLORD'S COMPLETE ADDRESS	LANDLORD'S TELEPHONE #/ FAX #	MONTHLY RENT \$	DATES YOU LIVED THERE FROM: TO: & REASON FOR LEAVING
Current Landlord:					
Prior Landlord:					
Prior Landlord:					



Applicant/Tenant Certification City of Chandler

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report within ten (10) days of its occurrence in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about my household and me is true and correct. I also understand that all changes in household members or income must be reported to the City of Chandler Housing Authority **IN WRITING WITHIN TEN WORKING DAYS** and that only people listed on this declaration, when approved by the Housing Agency may reside in the unit being subsidized.

I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this statement of facts is true, correct and complete.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Return to:

City of Chandler Housing and Redevelopment Division
www.chandleraz.gov/affordablehousing
Ph. 480-782-3200 ♦ Fax 480-782-3220

Mailing Address:

Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

Office Location:

235 S. Arizona Avenue
Chandler, AZ 85225

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other: Enterprise Income Verification (EIV), The Work Number and Verify Today.com

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance. This form is valid for fifteen (15) months from the date of applicant's/participant's signature.

_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number

Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<https://www.chandleraz.gov/affordablehousing>
Ph.(480)782-3200•Fax (480)-782-3220

Office Location:
235 S. Arizona Avenue
Chandler, AZ 85225

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Authorization for the Release of Information/ Privacy Act Notice

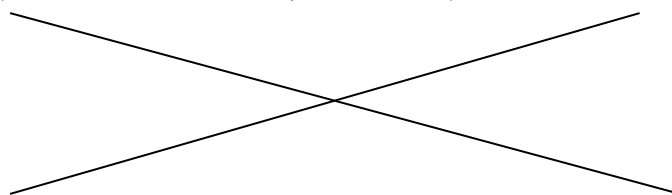
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

City of Chandler
Housing and Redevelopment
Mail Stop 101
P.O. Box 4008
Chandler, AZ 85244

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____		_____	
Head of Household		Date	
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	
		Date	
_____		_____	
Spouse		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

-If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hiv/programs/tfrn/iv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Signature of Family Member 18 and over

Date

Signature of Family Member 18 and over

Date



NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMAN ACT

City of Chandler Housing and Redevelopment Division

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **public housing and housing choice voucher** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **public housing or housing choice voucher**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **public housing or housing choice voucher**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **public housing or housing choice voucher** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

The City of Chandler Housing and Redevelopment Division (COCHRD) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the COCHRD chooses to remove the abuser or perpetrator, COCHRD may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, COCHRD must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, COCHRD must follow Federal, State, and local eviction procedures. In order to divide a lease, COCHRD may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, COCHRD may permit you to move to another unit, subject to the availability of space, and still keep your assistance. In order to approve a request, COCHRD may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- 1. You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If COCHRD does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, COCHRD may ask you for such documentation, as described in the documentation section below.
- 2. You expressly request the emergency transfer.** COCHRD may choose to require that you submit a form, or may accept another written or oral request.
- 3. You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

COCHRD will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

COCHRD's emergency transfer plan provides further information on emergency transfers, and COCHRD must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

COCHRD can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from COCHRD must be in writing, and COCHRD must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. COCHRD may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to COCHRD as documentation. It is your choice which of the following to submit if the COCHRD asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by COCHRD with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or community agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Form HUD-5380 Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the COCHRD has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the COCHRD does not have to provide you with the protections contained in this notice.

If the COCHRD receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), COCHRD has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, COCHRD does not have to provide you with the protections contained in this notice.

Confidentiality

COCHRD must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

COCHRD must not allow any individual administering assistance or other services on behalf of COCHRD (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

COCHRD must not enter your information into any shared database or disclose your information to any other entity or individual. COCHRD, however, may disclose the information provided if:

- You give written permission to COCHRD to release the information on a time limited basis.
- COCHRD needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires COCHRD or your landlord to release the information.

VAWA does not limit COCHRD’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, COCHRD cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and Form HUD-5380 terminated, if COCHRD can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If COCHRD can demonstrate the above, COCHRD should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered COCHRD's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Amy Jacobson, Housing and Redevelopment Manager or HUD's Phoenix field office.

For Additional Information

You may view a copy of HUD's final VAWA rule at <http://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, COCHRD must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact your housing specialist.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>.

Victims of stalking seeking help may contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>.

I have received a copy of the Notice regarding Violence Against Women Act.

APPLICANT/TENANT PRINTED NAME: _____

APPLICANT/TENANT SIGNATURE: _____

DATE: _____

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.